

| POSITION | INITIALS | ID NO. | DATE |
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2/1/1984  
 944  
**FEE DETERMINATION**  
**O.I.P.E. CLASSIFIER**  
**FORMALITY REVIEW**  
**RESPONSE FORMALITY REVIEW**

2/1/1984  
 10/15/83  
 69-0004

### INDEX OF CLAIMS

|   |            |   |              |
|---|------------|---|--------------|
| ✓ | Rejected   | N | Non-elected  |
| ✗ | Allowed    | I | Interference |
| — | Canceled   | A | Appeal       |
| — | Restricted | O | Objected     |

(Through numeral)

Non-elected  
 Interference  
 Appeal  
 Objected

| Claim    | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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